DOCUMENT RESUME

ED 457 502 CG 031 288

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TITLE Mental Health Consequences Associated with Dropping out of High School.
PUB DATE 2001-08-00
NOTE 20p.; Paper presented at the Annual Conference of the American Psychological Association (109th, San Francisco, CA, August 24-28, 2001).
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Anxiety; Depression (Psychology); *Dropouts; *Family Relationship; *High School Students; High Schools; *Mental Health; Parent Child Relationship; *Parent Participation; *Self Esteem

ABSTRACT

This study examines the mental health consequences of dropping out of high school. It looks at levels of depression, anxiety, and self esteem reported by high school dropouts and graduates during the adolescent to young adult transition. It examines the extent to which family structure and family processes (parental support and transition specific help), as well as adolescent openness to parental support improved the prediction of mental health outcomes at the high school transition and two years later. The study found that young people who drop out of high schools are more likely to be depressed than high school graduates in their early adult years. Failure to find differences between dropouts and graduates in self esteem is consistent with earlier findings by others. Family support had a direct effect on depression for dropouts and graduates. (Contains 6 tables and 20 references.) (JDM)

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Mental Health Consequences Associated with Dropping Out of High School

by
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Mental Health Consequences Associated with Dropping Out of High School

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Abstract

This study examines the mental health consequences of dropping out of high school. It looks at levels of depression, anxiety, and self-esteem reported by high school dropouts and graduates during the adolescent to young adult transition. It examines the extent to which family structure and family processes (parental support and transition specific help), as well as adolescent openness to parental support improve the prediction of mental health outcomes at the high school transition and two years later.

Introduction

Dropping out of high school is a developmental transition often associated with a more problematic life-course. Research on the consequences of dropping out of high school has focused more on economic and employment outcomes than on the psychological outcomes associated with transitioning into adult roles. The research on mental health outcomes that does exist suggests that dropouts have more mental health problems as young adults than do graduates (Kaplan, Damphousse, & Kaplan, 1994) and engage in more social behaviors deemed problematic (Beauvais, Chavez, Oetting, Deffenbacher & Cornell, 1996; Berlin and Sum, 1986).

Successful completion of high school is seen as the minimal educational requirement for adults within our culture. Failing to accomplish this milestone might be expected to cause immediate psychological distress such as an increase in depression and/or anxiety and a decrease in self-esteem. Some researchers (McCaul, Donaldson, Coladarci, & David, 1992; Wehlage & Rutter, 1986), however, have found evidence of more positive self-esteem among dropouts shortly after leaving school. They attribute this improvement in self-regard to having left an environment associated with feeling incompetent. Whether exodus from such an environment results in similar decreases in depression and anxiety or exacerbates these symptoms of distress as one contemplates more limited future options has not been well established. Kaplan, Damphousse and Kaplan (1994) have found that over the longer term, not graduating from high school increases the likelihood of depression, anxiety, and self-derogation.

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The present study examines the mental health consequences associated with failing to complete high school during the early years of young adulthood. Effects of dropping out on depression, anxiety, and self-esteem are assessed at two points in time: in 1998 when our cohort was graduating from high school or would have been graduating from high school if they had not dropped out and again two years later.

Previous work by our research group (Dillon, Gore, Liem, & Gordon, 2000) on the school and work trajectories of high school dropouts has drawn on Bronfenbrenner's ecological developmental model (Bronfenbrenner, 1992; Bronfenbrenner & Ceci, 1994). We have found that the support resources families have to offer adolescents, and the nature of parents' interactions with their children in the face of transition-related challenges, are important to successful role adaptations of high school dropouts as they move into young adulthood. We have also found that family resources and supports operate in concert with the coping styles of the adolescents themselves.

The present study employs a similar ecological model to examine the immediate and later mental health consequences associated with dropping out of high school. It locates the adolescent's experience within a particular family context (i.e. a two parent vs. single parent vs. no parent household) with particular family processes (the provision of general parental support and transition specific help). It also takes into account the openness of adolescents to parental support as they are transitioning to adult roles.

Hypotheses

1. Dropouts will report more depression and anxiety and lower self-esteem than graduates. These differences will be evident at the time of adolescents' expected high school graduation (T1) and will continue to be evident two years after the transition from high school (T2).

2. Adding family context (household composition), family processes (general parental support and transition specific career help), and individual coping characteristics (openness to adult support) to information about an adolescent's dropout vs. graduate status will increase the variance accounted for in mental health outcomes at T1 and T2.

3. Adolescents who have more parental support and are more open to support from their families as they transition to adulthood will have more positive mental health outcomes. Failure to graduate from high school, family context, family processes, and an adolescent stance of openness to adult support will continue to predict mental health outcomes at T2 after controlling for mental health status at T1.

Method

Sample

The data for these analyses come from the first two waves of a prospective mental health study of a cohort of young people as they make the transition from high school to subsequent school and work roles. 1143 high school seniors were first interviewed in the winter of 1998. This sample was obtained through random sampling of enrolled seniors in 9 Boston area high schools that were selected to reflect, in the aggregate, the socioeconomic and racial/ethnic diversity of the state. 182 individuals were also identified who would have been in this graduating cohort but who dropped out before graduation. Dropouts and graduates were interviewed again in the spring of 2000.

Demographic characteristics of the sample are presented in Table 1.

Table 1
Sample Demographics

	Dropouts		Graduates	
	N	%	N	%
Gender:				
Male	94	52	549	48
Female	88	48	594	52
Race:				
White	62	35	586	55
Black	54	30	194	17
Hispanic	35	19	112	10
Asian	7	4	86	8
Cape Verdean	8	4	53	5
Haitian	3	2	30	2
Other/Multi.	11	6	78	7
Family Structure:				
Two Parents	60	33	745	65
One Parent	71	39	319	28
No Parents	51	28	79	7
Parent Education:				
> High School	66	43	636	58
H.S. or <	87	57	452	42
Age:				
16-17 yr olds	0	0	400	35
18-19 yr olds	111	61	708	62
19+ yr olds	71	39	35	3

Note. Chi Squares for Race, Family Structure, Parent Education, and Age are significant at p = .001.

Measures

Dropout vs. Graduate status was determined based on records provided by each school system. Initial screening questions were also used to insure that dropouts were not out of school temporarily and had not transferred to another school.

The **family context** variable examined was two parent vs. one parent vs. no parent household structures. The determination of family structure was based on information provided by the adolescent at the time of the first interview.

The **family process variables** examined were: 1) **transition specific interactions** between adolescents and their parents germane to transition preparation using items from Rumberger, Ghatak, Poulos, Ritter and Dornbusch, (1990); and 2) **general parental**

support using Cutrona's Social Provisions Scale (1989).

The **individual coping characteristic** examined was the **adolescent's openness** to help from others based on questions from a modified abbreviated version of Collins and Read's (1990) attachment instrument.

The psychological outcomes assessed were **depression, anxiety,** and **self-esteem**. We used the CES-D (Radloff, 1977) to measure depressive symptomatology and the anxiety subscale of the SCL-90 (Derogotis, 1977) to measure symptoms of anxiety. Self-esteem was assessed using a short version of Rosenberg's (1965) self-esteem scale. Dropout vs. graduate status, family structure, family processes, and the adolescent's coping stance were assessed in 1998. Measures of psychological well-being were obtained both in 1998 and 2000. Controls for gender, race, and social class (parent education was used as the proxy for social class) were employed in all regression models.

Results

As indicated in Table 1, dropouts differed from graduates on most demographic characteristics. Dropouts were older, more likely to be ethnic minorities , less likely to come from two-parent households, and less likely to have parents who had more than a high school education than graduates.

Bivariate correlations for all study variables are presented in Table 2a & b. Dropout status is modestly but significantly correlated with family structure and process variables, and with adolescent openness to family support. Dropout status, family support and adolescent openness are also correlated with mental health outcomes.

Table 2a
Correlation Matrix for Major Study Variables

	Dropout Status	Family Structure	Transition Help	General Support	Adolescent Openness
Dropout Status		-.23**	-.10**	-.06*	-.08**
Family Structure	-.23**		.09**	.07*	.13**
Transition Help	-.10**	.09**		.53**	.11**

General Support	-.06*	.07*	.53**		.25**
Adolescent Openness	-.08**	.13**	.11**	.25**	
W1 Dep	.12**	-.12**	-.13**	-.27**	-.44**
W2 Dep	.12**	-.15**	-.14**	-.18**	-.33**
W1 Anx	.01	-.07*	-.11**	-.22**	-.42**
W2 Anx	.07*	-.12**	-.07*	-.15**	-.30**
W1 Esteem	-.04	.08**	.17**	.26**	.36**
W2 Esteem	-.02	.05	.16**	.17**	.30**

Note. * p =.05; ** p = .01

Table 2 b

Correlations Among Mental health Outcomes

	W1 Dep	W2 Dep	W1 Anx	W2 Anx	W1 Esteem	W2 Esteem
W1 Dep		.46	.56	.39	-.40	-.33
W2 Dep	.46		.38	.59	-.31	-.44
W1 Anx	.56	.38		.48	-.32	-.27
W2 Anx	.39	.59	.48		-.26	-.38
W1 Esteem	-.40	-.31	-.32	-.26		.54
W2 Esteem	-.33	-.44	-.27	-.38	.54	

Note. All correlations significant at p = .01

Hypothesis 1

Means and standard deviations for dropouts' and graduates' levels of depression, anxiety, and self-esteem at T1 and T2 are presented in Table 3. As hypothesized, dropouts report significantly more depression than high school graduates at both T1 and T2. They do not report more anxiety at T1, but two years later are significantly more anxious than young adults who graduated from high school. There were no significant differences between dropouts and graduates in self-esteem at either T1 or T2.

Table 3
Mental Health Outcomes of Dropouts and Graduates at T1 and T2

	Dropouts		Graduates			
Outcomes	Means	SDs	Means	SDs	F	p
T1 Depression	1.90	.64	1.73	.49	18.01	.000
T2 Depression	1.89	.61	1.70	.49	14.48	.000
T1 Anxiety	1.66	.67	1.63	.64	.26	ns
T2 Anxiety	1.69	.79	1.56	.60	5.01	.025
T1 Esteem	4.07	.75	4.15	.65	2.12	ns
T2 Esteem	4.19	.73	4.23	.69	.29	ns

Note. Ns for T1 = 182 for dropouts; 1142 for graduates; Ns for T2 = 114 for dropouts; 978 for graduates

Hypothesis 2

Table 4 summarizes the results of the multiple regression model predicting depression at T1 based on dropout status, family structure, parental help with transition specific tasks, parental support more generally, and adolescent openness to support. Gender, race, and family SES (as indexed by parent education) were first entered into the equation as controls. Interactions between dropout status and parental support and dropout status and adolescent openness were also entered into the equation (each in a separate regression). The multi-collinearity between the main and interaction effects of dropping out and parental support and dropping out and openness to support, however, were very high rendering these variables unreliable. The variables were "centered" as recommended by Tabachnick & Fidell (2001) and the regression model re-run.

Table 4
Regression Model Predicting Depression at T1

	Beta	SE	t	P	R	F Change	p

Controls:					.16	9.99	.000
Gender	.14	.03	5.67	.000			
Race	.03	.03	1.04	ns			
SES	-.00	.03	-.04	ns			
DO Status:	.09	.04	3.67	.000	.21	21.99	.000
Fam Structure:							
Houshold Comp	-.03	.03	-1.29	ns	.22	6.91	.009
Family Process:							
Transition Help	-.02	.02	-.56	ns	.25	18.43	.000
General Support	-.13	.03	-4.29	.000	.32	55.26	.000
Adoles. Coping:							
Openness	-.41	.02	-15.56	.000	.50	242.21	.000
Interaction:							
DO X Support	.05	.07	2.02	.04	.51	4.07	.04

Note. Full Model accounts for 25% of the variance in depression at T1; N = 1208

As indicated in Table 4, gender, dropout status, parental support, adolescent openness to that support and the interaction of dropout status and parental support each make independent contributions to the variance accounted for in depression at T1. The overall model is significant (r = .50) and accounts for 25% of the variance in depression at T1. Analysis of the F change scores indicates that the ability to predict depression at T1 is improved with the addition of each variable or set of variables to the model.

The model was run a second time with the interaction between dropout status and adolescent openness substituted for the interaction between dropout status and parental support. That interaction term did not contribute significantly to the prediction of depression at T1.

The effect of the interaction between dropout status and parental support on depression at T1 is presented in Figure 1. The significant difference in depression at T1 between dropouts and graduates exists for dropouts with low parental support but not for dropouts with high parental support.

*Insert Figure 1 Here *

Table 5 presents the same regression model predicting depression two years later. Dropout status continues to make a significant independent contribution to the prediction of depression at T2 with gender, race, and SES controlled. In this model race not gender makes an independent contribution to the prediction as does family structure and adolescent openness to adult support. The full model is again significant (r = .37) and

accounts for 14% of the variance in depression at T2. Analysis of the F change scores indicates that the ability to predict depression at T1 is improved with the addition of each variable or set of variables to the model with the exception of the interaction terms for dropout status by parental support and dropout status by adolescent openness.

Table 5
Regression Model Predicting Depression at T2

	Beta	SE	t	P	R	F Change	p
Controls:					.14	6.20	.000
Gender	.04	.03	1.19	ns			
Race	-.06	.03	-2.03	.04			
SES	.02	.03	.52	ns			
DO Status:	.07	.05	2.46	.01	.17	12.35	.000
Fam Structure:							
Houshold Comp	-.07	.03	-2.22	.03	.20	10.27	.001
Family Process:							
Transition Help	-.06	.02	-1.60	ns	.22	10.67	.001
General Support	-.04	.03	-1.19	ns	.25	12.15	.001
Adoles. Coping:							
Openness	-.29	.02	-9.31	.000	.37	86.65	.000
Interaction:							
DO X Support	.02	.08	.63	ns	.37	.40	ns

Note. Full Model accounts for 14% of the variance in depression at T2; N = 1014

Hypothesis 3

Table 6 presents the regression model predicting depression at T2 controlling for depression at T1 along with gender, race, and SES. Adding depression at T1 as a control, renders the effect of dropping out on depression at T2 insignificant suggesting that the effect of dropping out on depression at T2 is largely mediated through depression at T1. Race and openness to adult support continue to make independent contributions to the variance accounted for in depression at T2. The family structure and family process variables no longer have an independent effect nor does the interaction between dropout status and family support or between dropout status and adolescent openness.

Table 6
Regression Model Predicting Depression at T2
With Depression at T1 Controlled

	Beta	SE	t	P	R	F Change	p
Controls:					.47	71.66	.000
Gender	-.02	.03	-.67	ns			

Race	-.08	.03	-2.63	.009			
SES	.02	.03	.41	ns			
T1 Depress	.38	.03	11.76	.000			
DO Status:	.04	.05	1.24	ns	.47	2.54	.11
Fam Structure:							
Houshold Comp	-.05	.03	-1.81	.07	.48	4.48	.035
Family Process:							
Transition Help	-.04	.02	-1.28	Ns	.48	2.53	.11
General Support	-.00	.03	-.03	ns	..48	.54	ns
Adoles. Coping:							
Openness	-.12	.02	-3.88	.000	.49	15.03	.000
Interaction:							
DO X Support	-.02	.06	-.87	ns	.49	.75	ns

Note. The full model is significant (r = .49) and accounts for 23.4% of the variance in depression at T2, most of it being accounted for by depression at T1; N = 1014

We hypothesized that the availability of parental support and adolescent openness to parental support would moderate the effects of dropping out on later mental health. This was true only at T1 and only for parental support. See Figure 1.

Conclusion

We find that young people who drop out of high school are more likely to be depressed than high school graduates during their early adult years. We also find that they are more anxious than graduates two years after their expected graduation date. The difference in anxiety at T2, however, occurs because graduates report less anxiety then than they did during their senior year, a time when many may have been anxiously waiting to hear from colleges and potential employers. Our failure to find differences between dropouts and graduates in self-esteem is consistent with earlier findings by others (Ekstrom et al, 1986; McCaul et al, 1992; and Wehlage & Rutter, 1986).

We do not have mental health data for our sample prior to the high school years and, thus, cannot determine whether a student's depression preceded and contributed to his or her school failure, co-occurred with it, or resulted from dropping out. We do know, however, that controlling for depression in 1998 renders the effect of dropping out on depression in 2000 insignificant. It appears that the later mental health consequences of dropping out are mediated through the depression young people are experiencing at the time they drop out or soon after dropping out.

The quality of the parent-child relationship has been linked to dropping out in several studies (e.g. Streeter & Franklin, 1992;Younge, Oetting, & Deffenbacher, 1996) as has household composition (Astone & McLanahan, 1991). We sought to determine if household composition and family support might play a role in later psychological health as dropouts become young adults. We found that family support has a direct effect on depression for dropouts and graduates. It also has a positive moderating effect at T1; it is dropouts with low parental support who are significantly more depressed than graduates. Our most consistent and strongest finding, however, is that young adults who adopt an open stance toward adult support are less depressed than individuals who have more difficulty receiving help. This is true for dropouts and graduates even after controlling for their level of depression at T1.

Young adulthood is a time of change and adjustment to new roles (Arnett, 2000). Our data suggest that successfully navigating this developmental period is a transactional process involving youth and their families. For dropouts and graduates the presence of more external family resources, in conjunction with the capacity to accept and utilize them, is critical to protecting against depressed mood in young adulthood.

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Acknowledgments:

This research is supported by grants from the National Institute of Mental Health and the W.T. Grant Foundation

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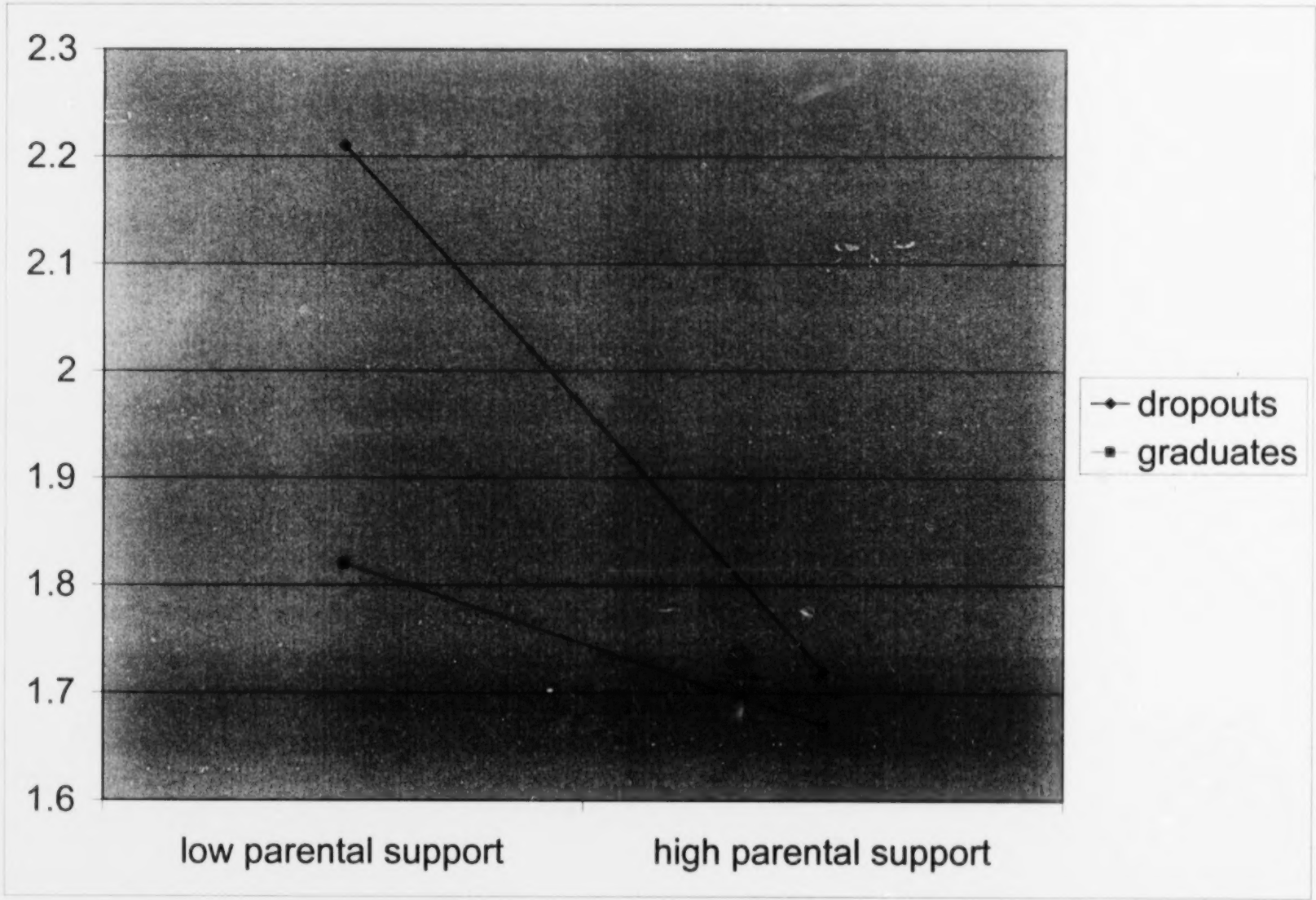
Figure 1


2.3
2.2
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2
1.9
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dropouts
graduates
low parental support
high parental support

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